



King County

Department of Community and Human Services

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IMPLEMENTATION PLAN

2012 – 2017 Veterans and Human Services Levy:

Activity 3.3: Health Care Reform System Design and Implementation (Updated September 2015)

1. Goal

Increase self-sufficiency of veterans and vulnerable populations

2. Strategy

The Veterans and Human Services Levy Service Improvement Plan (SIP) set a goal of improving health through the integration of medical and behavioral health services.

3. Activity 3.3 Health Care Reform System Design and Implementation

Activity 3.3 Health Care Reform System Design and Implementation described below is one of six activities funded under Strategy 3: Improving health through the integration of medical and behavioral health services.

4. Service Needs, Populations to be Served, and Promotion of Equity and Social Justice

a) *Service Needs*

The Levy's Service Improvement Plan (SIP) notes that Health Care Reform is bringing significant changes to the health service delivery and prevention systems in King County and will continue to do so over the life of the levy. The SIP goes on to state that Levy resources will provide capacity to further the integration of behavioral health and primary health and maximize opportunities for efficiencies, for both government and community agency systems in order to afford the County's most vulnerable population the benefits of good health.

b) *Populations to be Served*

In King County, the benefits of good health are not equally shared by all residents. Today, one out of every five King County residents – more than 500,000 adults and children, lives below 200 percent of the federal poverty level. Relative to those with higher incomes, this group faces significant inequities in health, with high and rising levels of chronic illness such

as heart disease, diabetes, and mental health and substance abuse disorders. Of particular concern is that this burden of poor health disproportionately affects racial and ethnic minority residents. Although the Affordable Care Act (ACA) has brought thousands of King County residents access to affordable health care, there are still many residents who remain uninsured either because they are ineligible for coverage or they have not taken steps to enroll. Community and public health centers, hospital systems, the long-term care system, mental health and substance abuse agencies, correctional health services, health plans and housing and human service programs constitute the safety net health system that provides much of their care.

As healthcare reform unfolds in Washington State and across the nation, King County has an opportunity to leverage new funding and reform designs to address the shortcomings in the current system in order to afford the County's most vulnerable population the benefits of good health. ("King County Framework for an Accountable, Integrated System of Care for Low-Income Residents", June 25, 2012)

c) Promotion of Equity and Social Justice

The Equity and Social Justice Ordinance requires King County to consider the impacts of its policies and activities on its efforts to achieve fairness and opportunity for all people, particularly for people of color, low-income communities and people with limited English proficiency. Evaluate your activity's impact by responding to the following questions:

- i) Will your activity have an impact on equity?

Yes, this activity's scope will work toward an accountable, integrated system of care that drives better health and well-being for King County's veterans, low-income and underserved residents.

- ii) What population groups are likely to be affected by the proposal? How will communities of color, low-income communities or limited English proficiency communities be impacted?

This activity's work specifically focuses on King County's most vulnerable residents. King County residents that experience health care and economic risk are disproportionately racial and ethnic minority and limited English speaking persons, as well as those with disabilities.

- iii) What actions will be taken to enhance likely positive impacts on these communities and mitigate possible negative impacts?

Public Health has been engaged in analyzing the communities most likely to be impacted by changes under health reform. For example, a fact sheet that looks at the King County population prior to the implementation of the ACA, describes the impact the ACA would have on the uninsured in King County (<http://www.kingcounty.gov/healthservices/health/~media/health/publichealth/documents/healthreform/AffordableCareActFacts.ashx>). Although the overall rate of uninsured in King County is lower than the U.S. rate, severe inequities remain. For example:

- People who live in south King County cities are more likely to be uninsured. For example, adults in Des Moines are seven to eight times more likely to be uninsured than adults in Mercer Island or Sammamish.
- Hispanic/Latinos are nearly four times as likely and Black/African Americans more than twice as likely to be uninsured as Whites.

The actions described in this plan were, and will continue to be, informed by these and related data to help assure the most effective targeting of the populations and geographic areas that stand to benefit the most from the ACA's expansion of coverage and access to integrated care.

5. Activity Description

As noted earlier, the Levy's Service Improvement Plan explains that Health Care Reform is bringing significant changes to the health service delivery and prevention systems in King County and will continue to do so over the life of the levy. The SIP goes on to state that Levy resources will provide capacity to further the integration of behavioral health and primary health and maximize opportunities for efficiencies, for both government and community agency systems in order to afford the County's most vulnerable population the benefits of good health.

For the scope of Strategy 3.3 Health Care Reform System Design and Integration, the King County Department of Community and Human Services (DCHS) and Public Health-Seattle & King County (PHSKC) will continue to work collaboratively in the development of a strategic response to health care reform system design and implementation to veterans and other vulnerable populations through a phased approach.

This implementation plan includes a two part plan for funding in order to reflect the changing environment under Health Care Reform during the life of the levy--Phase I: 2013 – 2015 and Phase II: 2016-2017. Details on Phase II activities were added as part of the September 2015 update and are intended to build upon the accomplishments during Phase I and leverage emerging opportunities.

Phase I: 2013 - 2015

Objective	Proposed Use of Funds
I. Incorporate consumer input into local planning to achieve more effective implementation of health reform.	Support for consumer participation in health reform planning
II. Create a framework and plan that supports effective delivery system integration efforts. (e.g., health neighborhood development, health home networks, prevention integration, etc.)	Consultant services for such activities as facilitation, technical analysis, research, and grant writing.

III.	Assure an engaged, transparent stakeholder coalition and website by providing adequate process support to the Health Reform Planning Team.	Fund a Reform Planning Assistant
IV.	Assure uninsured vulnerable populations receive coverage; and an effective care management model for high risk populations is developed and implemented.	Fund a Health Care Reform Integration Planner focused on enrollment and access to integrated care.
V.	Assure that an effective integrated service delivery system for veterans and their families is developed that leverages opportunities under the ACA and ensures access to veterans and their families; provide capacity to further the integration of behavioral health and primary care for high risk populations.	Fund a Health Care Reform Integration Planner for veterans and to further integrate behavioral health and primary care for high risk populations.
VI.	Fund staff capacity to set up and maintain systems by which King County can monitor and understand the consequences of increased demand in medical and behavioral health systems.	Capacity Monitoring activities (PHSKC – Assessment, Policy Development and Evaluation (APDE))

Detail on Proposed Use of Funds for Phase I: 2013-2015 noted above:

- I. Consumer participation
 - Financial assistance/stipends to enable consumers to participate in county-sponsored health reform related committees. (To cover such costs as lost wages, transportation, interpretation, child care, etc.)
- II. Consultant services
 - Support for technical expertise and facilitation related to reform implementation. Provides flexibility throughout 2013-2015 to respond to opportunities and needs.
- III. Reform Planning Assistant
 - Fund staff capacity for meeting logistics, summaries, web site updates, basic research, drafting facts sheets, presentation assistance, etc.
- IV. Health Care Reform Integration Planner focused on enrollment and access to integrated care for high-risk populations
 - Fund staff capacity to help ensure that effective strategies are designed and implemented for harder-to-reach, complex populations under health care reform. With some 80,000 people expected to become newly eligible for Medicaid in 2014, this capacity will help assure that populations such as homeless, criminal justice-involved, limited English speaking, and people with behavioral health issues are engaged, enrolled in coverage, and supported in accessing integrated care models. These populations are at risk of being left behind and may not be effectively targeted through more mainstream, statewide health reform implementation strategies.

- V. Health Care Reform Integration Planner for veterans and their families and to further integrate behavioral health and primary care for high risk populations.
 - Fund staff capacity to ensure the needs of veterans and their families are coordinated with health reform; and provide capacity to further the integration of behavioral health and primary health of high risk populations. This position will work with the King County Veterans programs, the Veteran's Administration, veterans' service providers and other agencies to leverage opportunities under the ACA. It will also assist in the development of an integrated care coordination network for high risk individuals.

- VI. Capacity Monitoring activities
 - Fund staff capacity to set up and maintain systems by which we can monitor and understand the consequences of increased demand in medical and behavioral health systems in King County. This is needed to more effectively understand where and for whom barriers or stress points exist in the system so that they can be brought to light and addressed.

Phase II: 2016 - 2017

Objective	Proposed Use of Funds
I. Assure an engaged, transparent stakeholder coalition and website by providing adequate process support to King County's Health and Human Services Transformation efforts.	Fund Reform Planning Assistant staff capacity
II. Assure that an effective integrated service delivery system for high risk populations is developed that leverages opportunities under the ACA and ensures access to vulnerable populations; provide capacity to further the integration of behavioral health and primary care for high risk populations, including veterans and their families.	Fund Health Care Reform Integration Planning staff and/or consultant capacity
III. Fund staff capacity to set up and maintain systems by which King County can monitor and understand the impacts of the ACA on medical and behavioral health systems.	Capacity Monitoring activities (PHSKC – Assessment, Policy Development and Evaluation (APDE))

Detail on Proposed Use of Funds for Phase II: 2016-2017 noted above:

- I. Reform Planning Assistant staff capacity
 - Fund continued staff capacity for meeting logistics, summaries, web site updates, basic research, drafting facts sheets, presentation assistance, etc. to support King County's Health and Human Services Transformation efforts led jointly by PHSKC and DCHS.

- II. Health Care Reform Integration Planning staff and/or consultant capacity

- Fund continued staff capacity within PHSKC and/or consultant services for policy analysis, planning and implementation activities that further the integration of behavioral health and primary health of high risk populations, including veterans and their families, as well as related health reform-driven system changes occurring in 2016-17.

III. Capacity Monitoring activities

- Fund continued staff capacity to set up and maintain systems by which we can monitor and understand the impacts of the ACA on the medical and behavioral health systems in King County. This is needed to more effectively understand where and for whom barriers or stress points exist in the system so that they can be brought to light and addressed.

Funds Available

The 2012 Service Improvement Plan identified the following allocations for this activity.

	2013	2014	2015	2016	2017
Veterans Levy	\$25,000	\$25,000	\$25,000	\$25,000	\$25,000
Human Services Levy	\$245,000	\$245,000	\$245,000	\$245,000	\$245,000
Total	\$270,000	\$270,000	\$270,000	\$270,000	\$270,000

A total of \$ 270,000 is available annually to implement this activity.

The two tables below provide the portions of this allocation to be provided to PHSKC and to DCHS during Phase I and Phase II.

Phase I: 2013 - 2015

3.3 Health Care Reform Agency	2013		2014		2015	
	PHSKC	DCHS	PHSKC	DCHS	PHSKC	DCHS
1. Consumer input support		\$ 5,000		\$ 5,000		\$ 5,000
2. Consultant services		\$ 37,000		\$ 34,900		\$ 28,700
3. Planning Assistant	\$ 33,200		\$ 34,700		\$ 36,300	
4. Integration Planner	\$ 69,400		\$ 72,600		\$ 76,900	
5. Veterans Integration planner*		\$ 69,400		\$ 72,600		\$ 76,900
6. Capacity monitoring	\$ 56,000		\$ 50,200		\$ 46,200	
Total	\$158,600	\$111,400	\$157,500	\$112,500	\$159,400	\$110,600

* \$25K of this allocation is Veterans Levy funds with the remainder being Human Services Levy funds.

Phase II: 2016 - 2017

3.3 Health Care Reform Agency	2016		2017	
	PHSKC	DCHS	PHSKC	DCHS
1. Planning Assistant	\$ 36,300		\$ 34,700	
2. Integration Planning staff/consultant services*	\$ 187,500		\$ 187,500	
3. Capacity monitoring	\$ 46,200		\$ 46,200	
Total	\$270,000		\$270,000	

* \$25K of this allocation is Veterans Levy funds with the remainder being Human Services Levy funds.

6. Evidence-based or Promising Practices

The activities under this strategy will be implemented in alignment with Washington State’s overall approach to health reform implementation which are driven by an array of best practices in outreach, integration, and population health measurement designed to achieve the Institute for Healthcare Improvement’s “triple aim” of health reform –that is, achieving better health, better care, and reduced costs.

7. Service Partnerships

The health reform implementation work under this procurement plan will build upon and further strengthen community partnerships. Staff capacity funded under the strategy will coordinate with community efforts aligned with King County’s Health and Human Services Transformation work (<http://www.kingcounty.gov/elected/executive/health-human-services-transformation.aspx>). A focal point for this current work is the King County Accountable Community of Health Interim Leadership Council (<http://www.kingcounty.gov/elected/executive/health-human-services-transformation/ach.aspx>). This table brings together leaders from housing, health, social services, philanthropy, as well as WA State partners with a goal of building healthier communities through a collaborative regional approach focusing on social determinants of health, clinical-community linkages, and whole person care. Included in this is a formal subcommittee of the ACH to help in the development of a model of integrated physical and behavioral health for the region.

For capacity monitoring work, we will collaborate with the service delivery system (both medical and behavioral health), and coordinate with others who may be examining state-level indicators. Local partners and local data will be critical to understanding who is still facing barriers and falling through the cracks of a redesigned health system.

8. Performance Measures

The following performance measures were identified by the Levy's Evaluation Team for Phase I.

VHS Levy Objectives	Service Outputs/ Measures	2013 Target(s)	Data Source
System Resources and Capacity Building	System Integration framework and work plan created	Completed	Narrative Services
	Veterans system integration framework and work plan created	Completed	Narrative Services
	Number of consumer contacts and persons involved in planning process	To be determined	Services Report
	Health system integration implementation progress report	Report submitted	Semi-annual performance report
	Develop and implement a data and performance measurement plan	To be determined	Services Report

The following performance measures were identified by the Levy's Evaluation Team for Phase II.

VHS Levy Objective	Service Outputs/ Measures	2016/2017 Target(s)	Data Source
Assure an engaged, transparent stakeholder coalition and website by providing adequate process support to King County's Health and Human Services Transformation efforts.	Hold four stakeholder coalition meetings a year (one per quarter)	Meeting minutes posted on website	Narrative Services
Assure that an effective integrated service delivery system for high risk populations is developed that leverages opportunities under the ACA and ensures access to vulnerable populations; provide capacity to further the integration of behavioral health and primary care for high risk populations, including veterans and their families.	Develop an adjusted governance structure for King County's Health and Human Services Transformation efforts	Charter completed	Narrative Services
	Develop an approach for	Plan submitted	Narrative Services

	conducting a Regional Health Improvement Plan		
Fund staff capacity to set up and maintain systems by which King County can monitor and understand the impacts of the ACA on medical and behavioral health systems.	Develop and implement a data and performance measurement plan	Dashboard submitted	Services Report